

FILED APR 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9018  
Registrar's No. 2501

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3111 Lawton Ave.  
(If in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Lillie Mae Moore Miller

3. (b) If veteran, No. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

4. Sex Female 5. Color Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ira Miller 6. (c) Age of husband or wife if alive About 50 years  
7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE About 55 yrs  
Years Months Days If less than one day  
hr. min.

9. Birthplace Belleville, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Jefferson  
13. Birthplace McKenzie Tenn.  
14. Maiden name Sarah Oliver  
15. Birthplace Fulton Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Miller  
(b) Address 3111 Lawton Ave.

17. (a) Burial (b) Date thereof March 15, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director A. L. Seal Und Co.  
(b) Address 2726 Lucas Ave.

19. (a) J. F. Beck (b) \_\_\_\_\_  
(Date of death) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3111 Lawton Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12  
year 1940 hour 10 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3-8-1940 to 3-12-1940  
that I last saw her alive on March 12-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Duration 809 mo

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Prophylaxis  
(Include pregnancy within 3 months of death) 4 years

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Edward Bell (M. D. or other) \_\_\_\_\_  
Address 2901 Locust Ave. Date signed 3-15-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Birdie Reel Anderson*

Licensed Embalmer No.

*2929*

P.O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**